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When it was first decided to publish CONTACT in November 1970 as a vehicle through which the Christian Medical Commission might communicate with those searching for new forms of health care more relevant to existing needs than the traditional system, it chose as its opening paper a speech given by Dr Robert A. Lambourne to a meeting of health professionals in Hong Kong. We have ample evidence that it caused some radical rethinking about priorities in health services. The present paper will almost certainly have the same effect. Yet it has an added significance, which we earnestly wish could have been avoided. It is the last paper Dr Lambourne wrote before his untimely death on Easter Sunday, 2 April 1972, at his home in Birmingham, England. He had proved an invaluable friend and mentor to the members and staff of the Commission and will be sorely missed. Yet, at the same time, we are grateful that we were privileged to know this wise and warm friend and counselor.

MENTAL HEALTH, CHRISTIAN MEDICAL MISSION AND THE FUTURE CONCEPT OF COMPREHENSIVE HEALTH CARE

R.A. Lambourne

Very little has been done by medical missions for the care of persons suffering from psychotic or neurotic illness compared with their record in other fields of healing. Perhaps more should be done. If so, it would make an interesting preparatory research to survey the possible reasons for this situation. Was it a feeling that physical diseases should always have priority? Was it an appreciation that psychiatric care in a foreign culture is especially difficult? Was it a feeling that nothing worthwhile (i.e. cure) could be done with mental illness? Was it some sharp difference between the personality that leads a person into psychiatry and the personality that leads a person into medical mission? Or was it quite other reasons? A careful look at the history of this matter in the last fifty years is surely essential if and when an expansion of medical missionary work in this field is considered. We cannot do this here and now.

A case for such an expansion will not be hard to make. An earlier general presupposition that 'primitive' societies do not suffer from mental illness has been replaced by a general presupposition that psychosis is widespread in all cultures and that unhealthy behaviour of a neurotic kind is equally prevalent in 'primitive' and 'advanced' countries, though it may take different forms. The widespread prevalence of alcoholism and other addictions in all cultures and the dramatic rise in suicide and attempted suicide in many fast developing countries is a case in point. In the face of large-scale suffering of this kind, the case for an expansion of medical mission in this area of sickness does not require lengthy elaboration.

However, before we respond, as I hope we will, to this appeal, we should reflect upon the subtler implications of the projects in psy-

chiatry and mental health which we may adopt. Such reflection is necessary, for as we have learned to our cost in the last decade, it is often just the taken-for-granted language and methods of medicine which conceal unrecognized assumptions which have the most far-reaching effects. We now recognize that every system of medicine and of medical care has implicit within it a philosophy of personal and political behaviour, and it is not possible to be a missionary for one without being a missionary for the other. This is true when the medicine is concerned with those illnesses called physical. How much more aware then we must be of our responsibility when we move as missionaries into the field of psychiatry and mental health in which questions of the nature of true speech and correct social behaviour are so obviously interwoven with the designation of mental illness and its approved treatment. The inevitable political ingredient in medical services, previously unrecognized, has become explicit in the last decades as public health has ceased to be only a specialty and become also the originator of a new concept of health. Thus medical mission, always implicitly political, can now be seen to be explicitly political mission. The succeeding argument in this paper will be that the personal philosophy (i.e. suppositions about the nature of a whole or healthy person) inevitably, though unconsciously, an ingredient in medical services will become explicit in the next decades as psychiatry ceases to be only a specialty and becomes also the originator of new concepts of health. Medical mission, always implicitly commending one view of the personal, will then be seen to be explicitly 'personal' mission.

We will now pursue this analogy between the influence of public health and the influence of psychiatry on the dominant concepts and practices of medicine:

(DIAGRAM 1A)

Thirty years ago (Stage 1) public health was a small special subject in the medical curriculum, a specialty amongst others, and having little influence on the main thinking and practice of medical care.

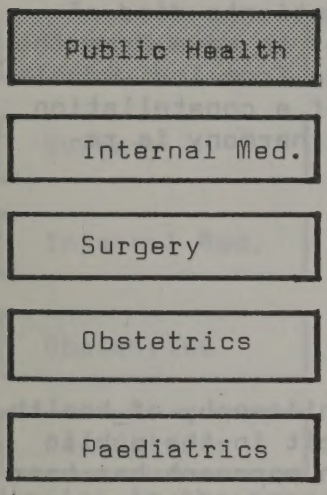
Fifteen years ago (Stage 2) public health approaches were to be found within each specialty but without this changing the specialties' central concepts and practices. Epidemiology still primarily referred to traditional epidemic diseases of an infectious or contagious nature.

Now (Stage 3) concepts and methods formerly peculiar to public health have become so central to medicine that they change the dominant concepts of health and medical care. As a result, for example, the success of a medical procedure is no longer measured by the summation of its effect on the same pathology in a number of individuals. Instead it is measured by considering its effects on a whole number of factors previously considered to be the interest solely of other specialties as diverse as agriculture, education, political philosophy, transportation and industry. This is illustrated in Diagram 1B.

Notice how the new multivariant method of assessing a good result has as its corollary a new model of health which is constellated and political.

DIAGRAM 1A (Compare 2A)

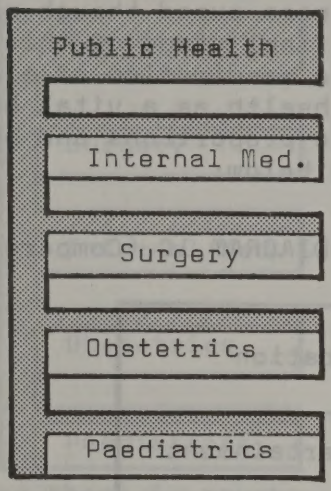
Stage 1



Public health is a separate specialty amongst specialties. Unlike 'pure' medicine, it is undeniably involved in politics and therefore suspect.

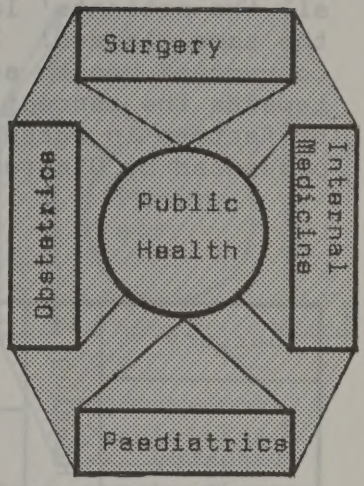
Shading represents influence of public health concepts.

Stage 2



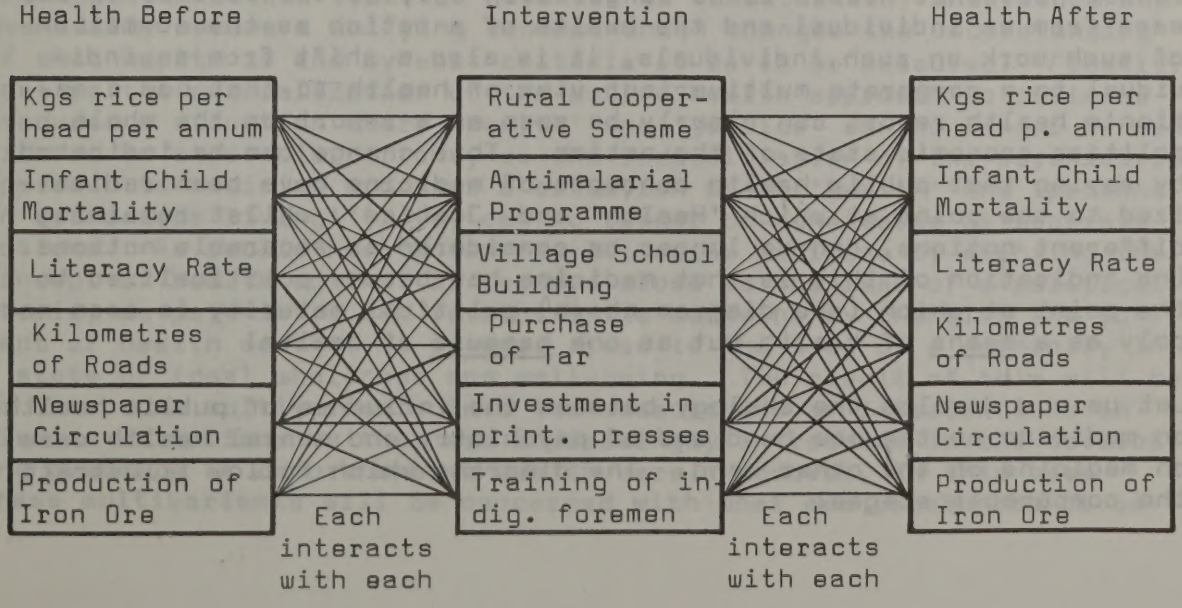
Public health changes some practices in each specialty. But epidemic diseases remain a special class of diseases, and each specialty is judged by its own results.

Stage 3



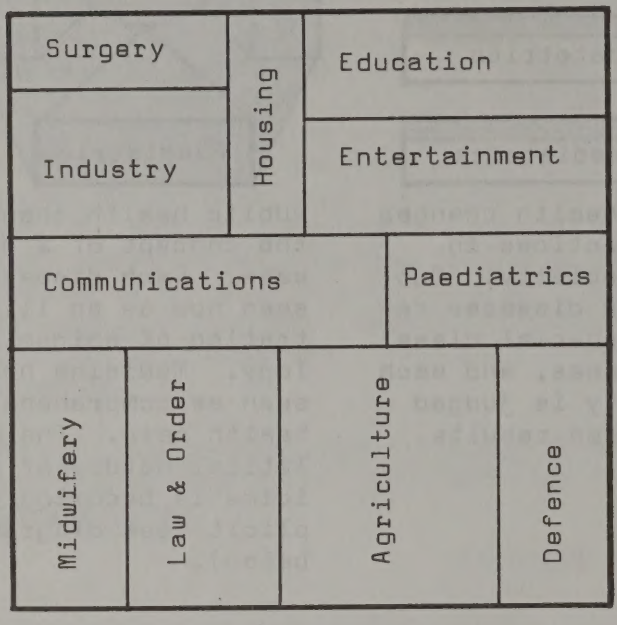
Public health changes the concept of a disease. Each disease seen now as an illustration of epidemiology. Medicine now seen as comprehensive health care. The political nature of medicine is becoming explicit (see diagrams below).

DIAGRAM 1B (Compare 2B)



As this new model begins to dominate, it begins to make claims for cure based solely upon the measurement of only one factor (e.g. infant child mortality), which is as self-evidently absurd as it would be under the 'traditional' model - to claim adequate success since all the patients' legs were cured though all the patients died of the same disease! The final stage of this tendency to move from the concept of health as the eradication of all disease from individuals towards the concept of health as a vital balance of a constellation of factors in acceptable proportions and political harmony is represented by Diagram 1C below:

DIAGRAM 1C (Compare 2C)



The philosophy of health implicit in the public health approach has been radicalized within medicine: now a 'health' report is inseparable from a 'state' of the nation report, and vice versa.

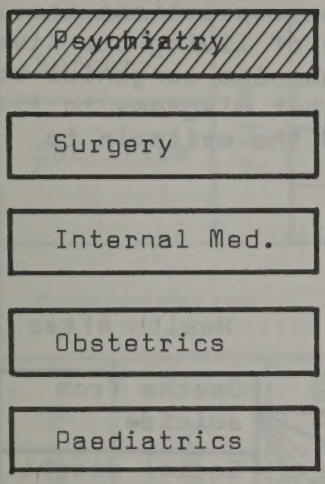
The concept of 'HEALTH' and the concept of 'JUSTICE' now inseparable.

The point being made is that public health has not only made an important impact within its own field but has changed the whole concept of health. It is not just a shift to a preventative view. It is not just that health is no longer seen only as the removal of disease from an individual and the health of a nation as the summation of such work on such individuals, it is also a shift from an individual to a corporate multivariant view of health so that now a nation's health report can clearly be seen as a report on the whole politico-economic state of the nation. This change can be indicated by saying that public health concepts of medicine have been radicalized to the point at which 'Health' and 'Justice', whilst remaining different notions, can no longer be considered as separable notions. One indication of this is that medicine has become politicalized to the point at which (see diagram above) political maturity is seen not only as a <u>means</u> of health but as one <u>measure</u> of health!

Let us now develop the analogy between the influence of public health on medicine on the one hand and of psychiatry and mental health care on medicine on the other hand. The diagrams which follow illustrate the comparable stages:

DIAGRAM 2A (Compare 1A)

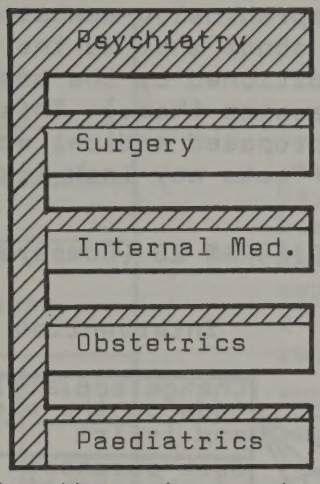
Stage 1



Healing is the personal management of individual diseases. Psychiatry is a separate specialty. Psychodynamics is knowledge about individual psychosis or neurosis only.

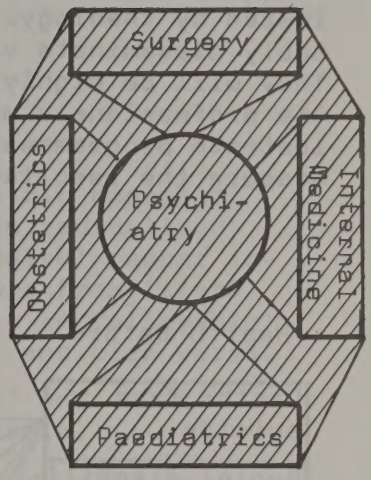
Hatching represents influence of psychiatric concepts.

Stage 2



Now there is psychological awareness in personal management of all individual diseases. Psychiatry is beginning to affect the concept of health, but psychodynamics is still only to do with psychosis or neurosis.

Stage 3

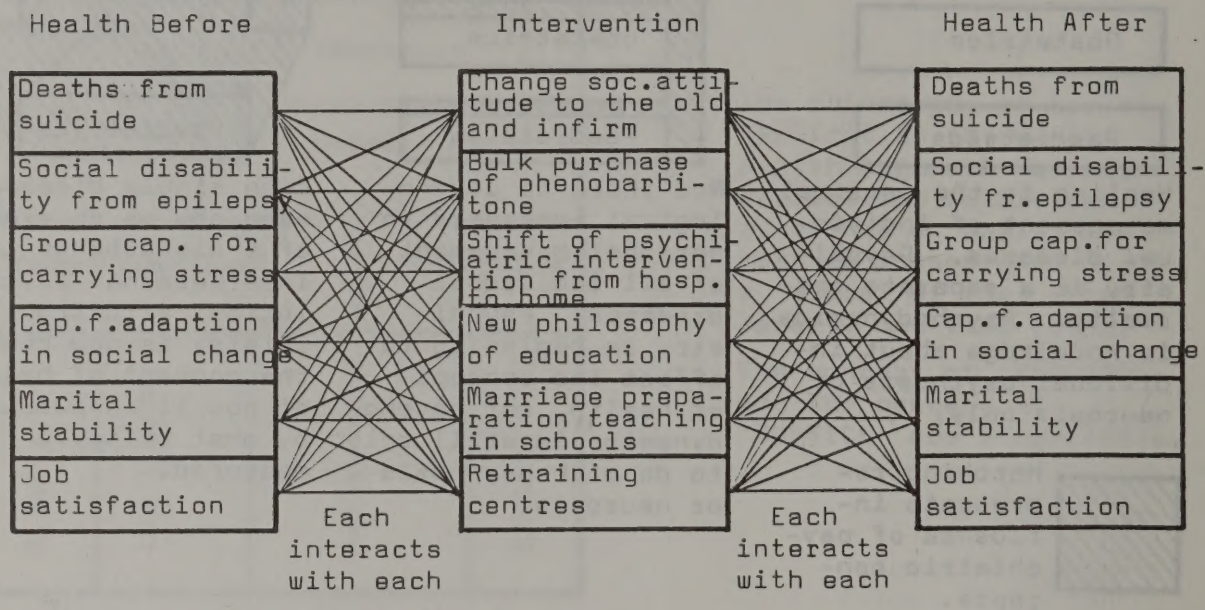


Each single disease seen now as an example of a disturbance in an interpersonal psychological situation. Psychiatry is now changing the concept of health, of how it is pursued, and by what criteria it is measured.

From the diagrams we can see that whilst psychiatry can exist as a separate discipline concerned to care for individuals with psychiatric illness, it can also, like public health, begin first to influence the approach to all types of diseases as traditionally understood and eventually become a unifying concept which changes the understanding of what health is and by what criteria it is to be measured. Finally, just as the radicalization of the public health approach to medicine produced a situation where 'health' and 'justice' can no longer be considered as separable notions, so the radicalization of the psychiatric approach to medicine produces a situation where 'health' and 'persons in harmonious living' (love) can no longer be considered as separate notions. As public health can revolutionize medicine by changing the concept of health so that it becomes close to the idea of a political utopia, so psychiatry can revolutionize medicine by changing the concept of health so that it becomes close to the idea of a community in a state of ideal wholeness and well-being. The result of this will be to introduce multivariants into the measurement of interventions in disease situations as they are increasingly introduced in the developing practice of comprehensive health care. However, in this case these multivariants will be concerned with what are considered to be

desirable personal and interpersonal qualities. (Probably these will tend to be denoted in recognizably psychological terminology and supposedly legitimated by psychological science, whereas in the past they were denoted in recognizably ethical terminology and supposedly legitimated by theology. Comprehensive mental health care practices inevitably disseminate views about what is the best way of living our lives. They will be highly conditioned by the brand of humanism congenial to the professionals who develop them.) This means that diagrams to illustrate programmes of proposed medical action and the criteria to measure the resultant effects may look like this:

DIAGRAM 2B (Compare 1B)



And it means that the introduction of psychiatric concepts into medicine become radicalized to produce a new concept of health in which the notion of 'health and the notion of 'an ideal state of souls in fellowship' are no longer separable:

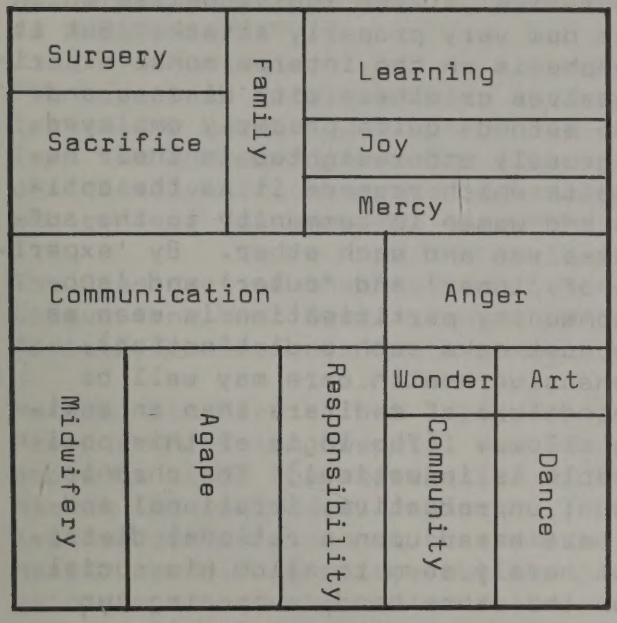
(DIAGRAM 2C)

The end result of this impact of the 'public health' concept on medicine is to bring the philosophy of medicine closer to the philosophy of 'politics' largely conceived of as a technological task. The resultant type of comprehensive health care will tend to be numerate, managerial and power-conscious, in which health will be conceived of as one amongst many material possessions to which every human being has a right.

The end result of the impact of the 'psychiatric' concept of medicine is to bring the philosophy of medicine close to the philosophy of 'love' largely conceived of as a personal task of interpersonal relations. The resultant style will be literate, obedient, imaginative

DIAGRAM 2C (Compare 1C)

Community Integrity and Love



Psychiatric approach has been radicalized and 'health' report inseparable from 'state of souls in fellowship' report, and vice versa.

'HEALTH' and 'LOVE' inseparable.

and humble, in which health will be conceived of as a surprising joy to which every human being comes by grace.

The two combined look like 'shalom'.

We see then how the changing processes of secular medicine and its technological shifts are invitations to us to perennially transcend our previous understandings of health and of the health care system which brings mankind closer to health. If public health concepts imply a 'political' revolution in medicine, psychiatric concepts imply an 'experiential' revolution in medicine. We have already seen how political community participation may be advocated not merely as a means to community health but as one criterion of community health. Similarly, the manner in which men and women experience their own and others' illnesses, healing and health may become an inseparable part of the definition and measurement of illness, healing and health. What does this mean for the future of medical mission?

As we become increasingly conscious that men and women can choose the criteria by which to measure the health towards which they can be assisted by health care, the challenge to medical mission becomes more evident. They are challenged firstly to discern with those they serve what health might mean for them and secondly to act with those they serve to bring that health nearer. For Health is God's continual activity, and medical mission is called to be fellow workers in that activity.

For an example of the implications of this we can ask what are likely to be the challenges of the 'experiential' philosophy of health to the generalized acceptance of those comprehensive health care ideas for which we can hopefully expect in ten to twenty years' time. The challenge will not take the shape of a revival of the individualism which comprehensive health care exponents now very properly attack. But it may well take the shape of a new emphasis on the interpersonal experience of persons confronted in themselves or others with disease and a complaint that the quantification methods quite properly employed in comprehensive health care have grossly underweighted in their human accountancy that concept of health which regards it as the optimum 'experiential' response of men and women in community to the suffering which confronts them in themselves and each other. By 'experiential' I mean to indicate a unity of 'inner' and 'outer' and 'subjective' and 'objective' so that community participation is seen as both personal and political (if we must make such a distinction). For the new poor created by comprehensive health care may well be those whose care requires more expenditure of medicare than an easily measurable distributive justice allows. (The logic of this position is that the care of the incurable is injustice!) The chronic schizophrenic might be such a person; unproductive, irrational and incurable, a comprehensive health care based upon a rational distribution of scarce resources does not merely seem to allow his social rejection but to demand it! But on the other hand, supposing our concept of a healthy community includes as a criterion for its measurement a growing capacity of persons to be hopeful, loving, helpful and sacrificial in the face of 'unbearable' situations, then the neglect of such persons - on the basis of the obvious lack of 'good results' required by distributive justice - is seen to be as illogical as the previous neglect within the 'traditional' health system of those who did not present themselves as sick at hospital.

It seems then that if, as I believe we should, we seriously consider the possibility that psychiatry and mental health have an increasing important part to play in Christian medical mission in the years to come, we should take a long careful look at why we think it important. The danger is that we may make the same mistakes again and transport to other countries along with our psychiatric departments and mental health programmes philosophies of man which say as much about the weakness of the West as they do about its strength. (What about our own attempted suicide rate, alcoholism rates, boredom and acquisitiveness?) The use of anthropologists and sociologists to master the ways of life of other peoples in order to innovate programmes for improving the physical health of such persons needs great sensitivity and humility if it is not to be an affront to human dignity. If the same powerful and rational tools are used in a psychiatric or mental health programme, this demands even greater sensitivity and humility if it is not to be an affront to human dignity. Are Christian medical missions capable of such sensitivity and humility? Old questions like the relation between evangelism and persuasion will arise again but in new forms. In the end the relation between healing and salvation proves to be as real for the doctor as the theologian!

CMC NEWS IN BRIEF

(EPS) - A leading American leprosy expert, Dr Oliver W. Hasselblad, has praised the Christian Medical Commission (CMC) of the World Council of Churches for raising "serious questions of justice in relation to health care."

"We have been so preoccupied with the crisis illness that we have overlooked the handicapped who do not come to the hospital," he said. "Unless the church focuses its attention directly on the handicapped, the chronically ill, the poor and alienated, who count as much as those who can pay for hospital care," he said, "we are shirking our duty."

The President of the American Leprosy Missions Inc. came directly to Geneva from West Berlin, where he had been a guest at the Christian Medical Commission's fifth annual meeting (8-13 June).

He also hit hard at the impersonality of large hospitals and said, "Even a Christian hospital may have dehumanizing aspects." As one example he cited the segregation of leprosy patients and the effects this has on the individual patient. "There is no scientific reason why leprosy patients cannot be treated in a hospital dealing with other health needs," he said, "but the pattern is to exclude them from the main stream. We have blamed the public, but they are only taking their cue from the medical and paramedical professions which show injustice here."

Welcoming the CMC's emphasis on community health care, Dr Hasselblad said that everything CMC has done is aimed at overcoming "the tragic inadequacy of health care delivery, whether church-related or government-sponsored. CMC recognizes that the community is where the action is, not the institution."

The Christian Medical Commission was formed in 1968. According to director James McGilvray, it is primarily "an enabling organization to help the churches, mission agencies and church-related medical programmes review the relevance of their activities and seek together the most appropriate expression for a healing ministry commissioned to bring health and wholeness to man." At the national level it holds workshops, bringing together Protestant, Catholic and government health officials to see how they can plan nationally to meet community needs. National agencies for the coordination of church-related medical work exist in Malawi, Ghana, Zambia, Tanzania, Botswana and New Guinea.

CMC also helps to find funds for experiments demonstrating new methods of delivering health care to the community. One such is on Koje Do, an island off the coast of South Korea, where 120,000 people are served by one doctor, four herbalists, four practitioners of Chinese traditional medicine and more than 20 pharmacists. Another is the Jamkhed Comprehensive Rural Health Project in Maharashtra State, India.

At its Berlin meeting, the Commission agreed to assist in developing health facilities for Bangla Desh and South Sudan in cooperation with the WCC's Commission on Inter-Church Aid, Refugee and World Service.

Constantly resisting requests that it become 'operational', CMC is eager to assist in planning new health care systems in areas where natural or man-made disasters offer a chance for innovation.

To carry out these various programmes, CMC had earlier approved a budget of $1¾ million for the next five years. The Berlin meeting learned that 60 per cent of this sum has been guaranteed.

Commenting further on the work of CMC, Dr Hasselblad said, "At Berlin I confirmed my impression that here is a group from all parts of the world and covering a wide variety of disciplines: those delivering health care in the developing countries, teachers in medical universities, government servants, theologians. It offers the best possible forum for seeing how to overcome the fragmentation of health care delivery, including such things as population dynamics, mental health, nutrition, preventive medicine and community health services.

"By bringing all concerns together, we are moving toward seeing the person in his totality, including all his relationships. For example, it is no longer possible to view the leprosy patient in terms of bacteria and deformity alone. His family may be in need: his children may be sick from dysentary, undernourished because he is non-productive. We must help him in all these areas."

"Berlin was a most visible indication," said Dr Hasselblad, "that we are reaching a stage where all disciplines are ready to talk of treating the person in all his relationships."